

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2014		
Mailing Address PO Box 388			Amount 1095.20		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : E23DB92E09F534F85B12
Purpose of Expenditure IE-Cotton-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 23 / 2014	
Name of Federal Candidate Thomas Cotton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: AR
Calendar Year-To-Date Per Election for Office Sought			1095.20		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2014		
Mailing Address PO Box 388			Amount 903.75		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EDA1DAFD9F3014FB8B11
Purpose of Expenditure IE-Cotton-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2014	
Name of Federal Candidate Thomas Cotton			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: AR
Calendar Year-To-Date Per Election for Office Sought			1998.95		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014
(a) SUBTOTAL of Itemized Independent Expenditures.....			1998.95		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			[Electronically Filed]		Date MM / DD / YYYY 09 / 05 / 2014

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(Schedule E)

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Envision Printers/Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2 Riverbend Pkwy		Amount 26214.42	
City Leesburg	State VA	Zip Code 20176-0000	Transaction ID : E85155E8911E6436D84B Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure IE-Cotton-Direct Mail Production		Category/Type	
Name of Federal Candidate Thomas Cotton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 28213.37		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	►	26214.42
(b) SUBTOTAL of Unitemized Independent Expenditures	►	
(c) TOTAL Independent Expenditures.....	►	28213.37

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore
[Electronically Filed]

Date

MM / DD / YYYY
09 / 05 / 2014

Signature